



511 Oakwood Boulevard • Suite 200 • Round Rock, Texas • 78681
(O): 866.767.7231 • (F): 866.249.7552

RAPID REFERRAL FORM

Referred to: **Dr. Asim S. Aijaz**

Patient Name: _____ Date of Birth: _____

SS#: _____ Phone #: _____ Alternate #: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance Information (Please send a copy of the front & back of the primary & secondary insurance cards.)

Company Name: _____ ID #: _____ Group #: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Secondary Insurance Information

Company Name: _____ ID #: _____ Group #: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Referring Physician

Phone #: _____ Fax #: _____ Contact Name: _____

Reason for Referral: _____

Texas Pain Management Institute Address

511 Oakwood Boulevard • Suite 200 • Round Rock, Texas • 78681

Please visit us at WWW.TX-PMI.COM for more information about our practice, patient forms and directions to our clinic. You may also contact our TPMI Call Center at O: 866.767.7231 or send fax information to F: 866.249.7552.

Thank you for allowing us to participate in your patient’s care. Please complete and return this information by fax to 866.249.7552. Please also include the latest office note and relevant lab work and imaging. We will contact your office when an appointment is confirmed with the patient as well as when the patient is seen for initial consultation.